Arkansas
Department of Human Services

ARKANSAS DEPARTMENT OF Health
Keeping Your Hometown Healthy

Arkansas Early Childhood Comprehensive Systems Initiative

Early Care & Education Work Group

Early Care and Education Work Group – December 17, 2004, 10 a.m. to 3 p.m.

Members Present: Jenny Adair, Donna Alliston, Deborah Blackburn, Eva Carter, Diana Courson, Geania B. Dickey, Deborah Gangluff, Dana Gonzales, David Griffin, Deniece Honeycutt, Tim Lampe, Kathy MacKay, Karen Marshall, Sue Martin, Vicki Mathews, Martha Reeder, Sandra Reifeiss, Tonya Russell, Vicki Shelby, Tom Sheppard, Vicki Stearns, Kathy Stegall, Jody Veit-Edrington, Cara Walloch, and Paula C. Watson.

Guests attending this meeting included: Kelly Alexander (DHS/DCCECE), Sherrill Archer (Family Support and Social-Emotional Health), Gil Buchanan (Medical Home), Judy Collins (National Child Care Information Center), Barbara Gilkey (Parent Education and Social-Emotional Health), Diane L. Johnson (Corporate Champions), Ann Patterson (Social-Emotional Health), Cindy Pyle (DHS/DCCECE), Rhonda Sanders (Medical Home), Lori Sims (Head Start Collab.), Dan Sullivan (Social-Emotional Health), and Debbie Webb (CCR&R of Northcentral Arkansas).

Regrets: Patti Bokony, Judy Clay, Dee Cox, Dorethea Davis, Jana Gifford, Jackie Gorton, Joan Harper, Virginia Lancaster, Kelley Smith, and Nancy Walker.

Sandra Reifeiss and Vicki Shelby, co-chairs of the work group, called the meeting to order and introduced Eva Carter and Judy Collins, leaders for this meeting. All others present made self-introductions.

Agenda Item #1: Reviewing the Definition of Quality Early Care and Education Programs

Discussion: Eva began by saying this is a whole new emerging field. She then reviewed the items in the packet of distributed materials:

- State Tiered Quality Strategies (TQS), 2004
- Tiered Quality Strategies: Questions to ASK
- Tiered Quality Strategies: Implementation Guidance
- Papers put together on United Way Success by 6 -- Financing Quality Rating Systems: Lessons Learned

A PowerPoint presentation was presented entitled, **"Reviewing the Definition of Quality Early Care and Education Programs."**

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Eva stated that what we know about quality we have known a long time. The research that is out there is amazing. There is so much she is unable to keep up with it. She asked the group to think about where we were a long time ago and where we are now. Some of the comments made by the leaders and participants are as follows:

Child protective health is an issue. When a child is yanked out of a center or when children's caregivers are repeatedly switched, it poses difficulty for the children. When parents bring an infant to a caregiver, they are letting the child become who the caregiver is. The parents are saying, "I am allowing my child to become who you are."

Agenda Item #1, Continued: Reviewing the Definition of Quality Early Care and Education Programs

Discussion: The caregiver is often the one who will see first that the child is not advancing age appropriately. The physician, child care giver, and parent are a team. For example; a bi-polar child—the child may be with the caregiver longer than the parents—the caregiver needs to know what is going on with the child.

Questions: Is the child care provider educating children? More and more, we are looking at child care providers doing everything.

Poor quality care of infants is seen in 92 per cent of centers due to unsanitary conditions. This is nothing new. As we talk about hand washing specifically, if specific

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equipment is in the room—pedal-run faucet and pedal-run diaper pail, it will help. It is important to the health of the child and the worker. Precautions should always be used. To make sure all the quality items are met, these are the things that cost more money. There is a need for strong health and safety practices.

We are seeing the word ***curriculum*** used more and more. There is a curriculum for infants and toddlers. Activities, room arrangement, talking with children, motions that they make, are all part of the curriculum. Parents are the child's first teachers.

Question: Should information be provided about having a Medical Home for the child as part of comprehensive services?

Agenda Item #2: A National Look at Tiered Quality Strategies

Discussion: Judy led the next section. Question: Why do states want to go into tiered quality strategies: We do not have all the answers—we do not have all the questions yet. We don't know everything there is to know about these things.

A PowerPoint presentation was presented entitled, **"Tiered Quality Strategies: National Trends and Issues."**

Some of the comments made by the leaders and participants are as follows:

We have tiered systems in other areas, for example: hotels. Quality rating is a consumer education piece. When we walk into a facility, we know what type of facility it is.

Rated License: North Carolina has given separate licenses. A license is a property right. You can't take it away without going through full due process. Almost all of the systems tie it to licensing. Some states tie it to a certificate, but the license is still in place.

Tiered reimbursement: A funding policy. Tiered reimbursement follows the child. Quality rating: The funding follows the program. Then there is a combination of the strategies. There can be any combination of strategies. For example, North Carolina has all three systems. When tiered reimbursement follows the child, if a

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center is accredited, it may receive a higher amount because of the quality rating. There may be multiple steps involved in this system.

Quality improvement grants may have different rules. The higher amount may be because of the programs.

Kentucky is using an incentive to encourage child care providers to take more subsidized children. Some states add incentives for special needs children.

A total of 36 states have some sort of tiered strategies, involving all types of strategies. Five years ago, only 16 states had tiered quality strategies. There are eight states with pilot projects. There are 21 states that have implemented more than two levels (licensing and accreditation) with smaller steps in between.

Licensing is the foundation of quality—where you are starting from—must be a strong foundation. We want every parent to look for a license. We need to help parents understand "stars." (To tie it to something that we are already relating to makes it much easier.)

When the parents ask about the STARS, it encourages the caregivers to seek improvements, whether people have subsidized children or not. This increases professional development in the centers. It assists in increasing alignment across the system and it can help build alignment across the system.

Agenda Item #2, Continued: A National Look at Tiered Quality Strategies

Discussion: Be careful that the first star is not too big. It needs to be states in concrete terms (i.e, 15 minutes of reading).

Question: Do you need to be in some sort of "Compliance?" Yes. There needs to be a formula for compliance because every person/group thinks differently. Many states have built in that parents are surveyed or interviewed. One state: built in that parents have to serve on the boards, etc. Another states provides that there must be a 401K plan for employees. At least ten of the systems have parents as board members.

New Mexico has decided that they need to make changes in their regulations. They are going to bring all licensed folks in to explain compliance again. Staff compensation must be tied to specifics.

Program evaluation should be done for the whole state program. Benchmarks are where the state is today and then look at it a year or two down the road. Next look at the individual evaluation. Program evaluation is very expensive. It can be contracted out or done in-house by the states (or some combination of the two). Either way, from the front end, it is much more efficient to build at the beginning. Must use the same system throughout. Environmental rating systems must also be built in from the beginning.

Tennessee has a posted report card—(example shown). It must be posted beside the license. The licensing staff goes out to do this. Tennessee has kept it simple and the licensing staff understands it. The report card is mandatory. There is a voluntary in addition to the mandatory report card. It must be posted. (Stars are used) It is consumer used. There are parent pieces too. Question: Is the report card based on one visit or the average of visits? Tennessee visits six times a year unannounced and a 7th time announced.

TQS and Accreditation. The infrastructure needs to be in place before implementing. Whatever is put in, make sure it is already completed. Out of the 41 systems, 35 include accreditation. There are lots of accrediting bodies. Accreditation is changing dramatically. The cost of accreditation can be expensive. Arkansas mostly uses state accrediting. (next column)

In some states, if you are accredited, you may be a four-star. Only seven per cent of all facilities in the country are accredited. That is not a very good percentage. Every state that has put accreditation at the top has very few facilities that are actually accredited.

Support system cost more than differential reimbursement put into place for first three or four years. Whatever you build into the quality criteria, you must build a support system in also. Monetary support is important.

Training vouchers. Arkansas makes scholarships available across the board. Oklahoma is putting more money into scholarship programs than in the past because they are getting better results from it.

In some states, licensing is not in the DHS group. It is with another group, from private to another government agency. People are creative in how they put together funding for TQS.

Program monitoring. Majority of state that have implemented through licensing have added staff to do that.

At the beginning, there is a high turnover. As they go up the STARS, turnover becomes less. The number of providers that can maintain infant/toddler data is less.

Words of Wisdom:

Start slow and small, and plan, plan, plan. Don't be afraid to make changes as you go along, using early pilots to refine and improve the system before you take it statewide.

Develop pilots that are aimed at going statewide. The long term goal should be to include all of the early care and education providers in a state (or at least as many as possible).

Develop standards that are based on research.

Build enough steps or levels so that access—and moving from one level to the next—is attainable.

Make sure that the system you develop will be sustainable over the long haul. (Make sure base [MONEY] is going to be there.)

Agenda Item #2, Continued: A National Look at Tiered Quality Strategies

Discussion: Question: What does a QRS cost? The question is not able to be answered. Arkansas has several things in place already, and should consider building on this structure. Each state must figure it out based on quality criteria and what the state already has in place.

Steps to QRS:

1. **Research and Development**
2. **Infrastructure to Award Ratings and Monitor Compliance**

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3. **Technical Assistance Linked to QRS**
4. **Financial Assistance Linked to QRS**
5. **Consumer and Practitioner Engagement and Outreach**

(NOTE: Upon request from the office, the PowerPoint Presentations will be sent out to those persons not present.)

Agenda Item #3: Designing the Arkansas Tiered Quality Strategy System - Planning

Discussion: Eva led this session. The previous PowerPoint contained several **key questions** related to planning:

- **What is your goal in implementing a Tiered Quality Strategy?**
- **Voluntary or mandatory?**
- **What is the linkage to licensing?**
- **What type of TQS – tiered reimbursement, quality rating, rated license, combination?**
- **How will you evaluate your strategy?**
- **Will legislation be required, or will new administrative policy be required?**
- **Will the program be piloted or implemented statewide?**
- **Who will be the planning and/or administering agency/agencies?**
- **How many levels will the TQS have? (Is licensing the first level? Are the pre-kindergarten standards the top?)**
- **How many categories of quality criteria will be identified? What criteria (or components) will be used for each area?**
- **How do these levels align with existing systems and needs?**

Comments on the planning steps include:

Tanya Russell reported that lots of childcare providers have quality approval, predominantly in ABC and Head Start. ABC is the pre-k model. The Quality model is based on the rating scale. The ABC model encompasses some of the indicators on the list. As part of the work of the comprehensive planning group when looking at tiered strategies, such as the Medical Home Work Group, you want to make sure that children have a medical home and a yearly physical examination. We need to get that group and the family/parent involvement groups to put those pieces in for this group. We need these groups to bolster what Early Care and Education does. At this time, funding is based on number of children being served. It is a quality incentive grant. ABC is for pupil expenditure, center-based care. Funding is specific for professional development, curriculum development, and total improvement.

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Tonya thinks that Arkansas should have a voluntary system because it will work best in Arkansas. Judy mentioned one state that made it mandatory. Looking back, they wish they had made it voluntary. The pressure will come from the consumers for caregivers to be part of the system.

It was agreed that there needs to be a good Public Relations Program for whatever is designed.

Eva and Judy reported that there are some states with quality bonuses for participating in the program. Some states have a block amount of money for going through the different stars.

Some caregivers asked that it be kept in mind that this is a business. Federal funds only allow so much. Caregivers must know where they are going to get extra funds to do what must be done or what they want to do. Child/staff ratio is the most expensive part of the system. Eva suggested that a small group may need to explore all the funding sources. It may need to be done to find funds to increase staff/child ratio.

Agenda Item #3 Continued: Designing the Arkansas Tiered Quality Strategy System - Planning

Discussion: There are a lot of quality centers that choose not to be in the voucher program because they lose money.

There is a need to engage people from the public sector, not just parents.

It was suggested that diamonds be used instead of stars. It was also suggested that Arkansas start with four and then move to five (7th and 8th year adding four and five stars/diamonds).

Words of Wisdom from Eva: Just do it! Don't wait until it becomes perfect.

Eva closed her remarks with a short review of the day: "We have looked at a lot of the same things we have already done. We have looked once again at quality; looked at public engagement. We have talked about not being afraid to change. We can always adapt and adjust. Arkansas is really lucky that it is coming in to it afterwards—after a lot of things have already been done in other states."

Tonya remarked that there is a little more cohesiveness today. We need to start somewhere and it may not affect everyone that we want to ultimately affect.

Question: Which state has taken a path similar to that of Arkansas? Eva replied that Arkansas is closer demographically, conceptually, and the licensing division to Oklahoma.

Question: Looking at long-term goals and short-term goals, should we limit ourselves to maybe three stars? As we grow, then we can raise tiers. Just to get going so that we can show legislators. Eva replied that she did not know enough about Arkansas to answer the question. Some states took the whole plan and then only received funding for three stars or part of the plan.

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Result: <u>Criteria that will Address Quality</u>

I. Goals for Children
- **Build in missing steps**
- **Improve overall quality**
- **Build in evaluation for a purpose**

II. Voluntary

III. Explore Funding Sources and Restrictions to Funding – Full Continuum of Support. Look at how money is used.

IV. Public Engagement

V. Combination – not a rated license

VI. - Ratios
- **Professional Development**
- **Group Size**
- **Learning Environment and Curriculum**
- **Parent and Family**
- **Business – Administration**
- **Program Evaluation**
- **Community Involvement**
- **Comprehensive Services**
- **Evaluation (Program)—Someone evaluating what is going on**
- **Staff Compensation**
- **Licensing/Compliance**
- **Health and Safety and Nutrition**
- **Child/Staff Interaction**
- **Transition**

VII. Legislation—some amendments required

VIII. Pilots

IX. Planning—AECCS Work Group and Administrative Agency DCC/ECE

X. Technology/Evaluation for Project—use AECCS Evaluation

XI. Levels: More than 3; less than 6

Agenda Item #4: Closing Remarks - Adjournment – Next Meeting Date	
Discussion: Thanks were expressed to Eva and Judy and the group responded with applause. **Martha remarked that other work groups were looking to this group and their work on quality as a realistic way to affect positive change, with input from all five areas of concern. She reminded the group to look for announcements on the web site. She invited anyone that would like to participate in those other groups the meeting announcements are also on the web site.** **There being no further business, the meeting was adjourned.**	**Result: Next meeting date for Early Care and Education will be Tuesday, January 25, 2005, 10 a.m. to 12 Noon. Place to be announced.**

TASKS: Martha and Paula to locate a meeting site.